



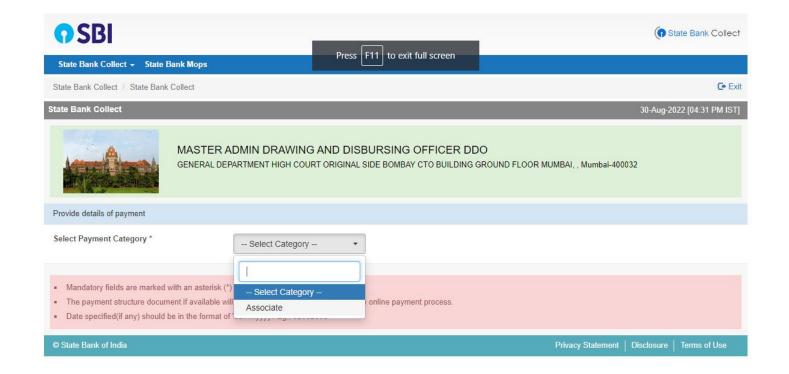
#### Terms Used

- > Corporate Customer: Firm/Company/Institution (F/C/I) collecting payment from their beneficiaries.
- > User: The beneficiary making a payment to F/C/I for the services/goods availed.
- > Bank shall not be responsible, in any way, for the quality or merchantability of any product/merchandise or any of the services related thereto, whatsoever, offered to the User by the Corporate Customer. Any disputes regarding the same or delivery of the Service or otherwise will be settled between Corporate Customer and the User and Bank shall not be a party to any such dispute. Any request for refund by the User on any grounds whatsoever should be taken up directly with the Corporate Customer and the Bank will not be concerned with such a request.
- > Bank takes no responsibility in respect of the services provided and User shall not be entitled to make any claim against the Bank for deficiency in the services provided by the Corporate Customer.
- > The User shall not publish, display, upload or transmit any information prohibited under Rule 3(2) of the Information Technology (Intermediaries guidelines) Rules, 2011.
- > In case of non-compliance of the terms and conditions of usage by the User, the Bank has the right to immediately terminate the access or usage rights of the User to the computer resource of the Bank and remove the non-compliant information.

I have read and accepted the terms and conditions stated above. (Click Check Box to proceed for payment.)

Proceed

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**E** Exit

 State Bank Collect
 30-Aug-2022 [04:32 PM IST]



# MASTER ADMIN DRAWING AND DISBURSING OFFICER DDO

GENERAL DEPARTMENT HIGH COURT ORIGINAL SIDE BOMBAY CTO BUILDING GROUND FLOOR MUMBAI, , Mumbai-400032

HALL SECTION OF THE PARTY OF TH		
Provide details of payment		
Select Payment Category *	Associate <b>∨</b>	
First Name *		
Middle Name *		
Last Name *		
Address*		
Pin Code *		
Mobile Number*		
E-mail ID *		
Date of Birth *	iii	
Exam Fee *	25 Fixed:Rs.25	
Remarks		
Please enter your Name, Date of Birth (For Personal Banking) / Incorporation (For Corporate Banking) & Mobile Number. This is required to reprint your e-receipt / remittance(PAP) form, if the need arises.		
Name *  Date Of Birth / Incorporation *  Mobile Number *  Email Id		
Enter the text as shown in the image *	Select one of the Captcha options *  © Image Captoha  Captoha  Captoha	
Submit Reset Back		
<ul> <li>Mandatory fields are marked with an asterisk (*)</li> <li>The payment structure document if available will contain detailed instructions about the online payment process.</li> <li>Date specified(if any) should be in the format of 'ddmmyyyy'. Eg., 02082008</li> <li>For Amount fields, only numbers are allowed and for free text fields (mandatory), following special characters are allowed: . / @ &amp;</li> </ul>		

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State Bank Collect 30-Aug-2022 [04:32 PM IST]

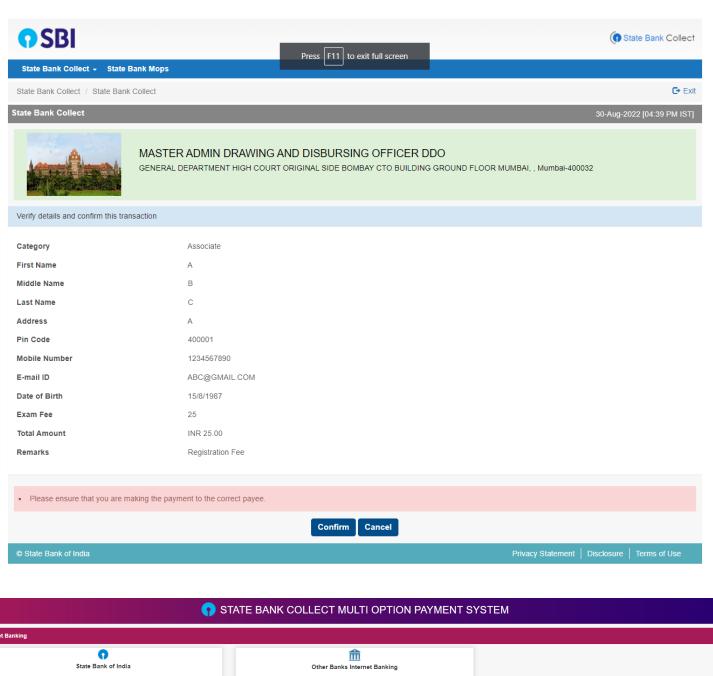


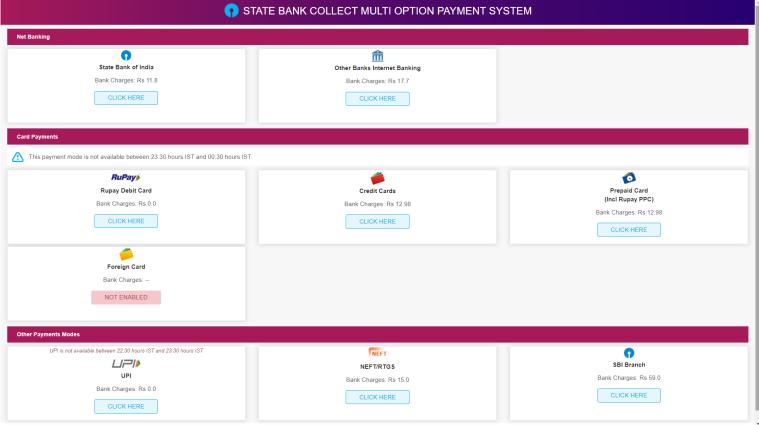
#### MASTER ADMIN DRAWING AND DISBURSING OFFICER DDO

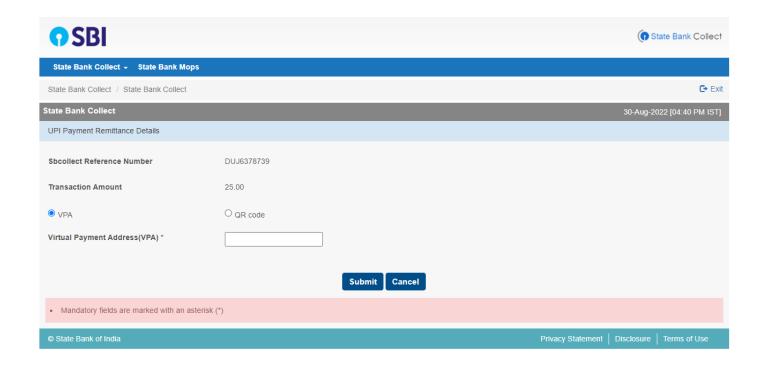
GENERAL DEPARTMENT HIGH COURT ORIGINAL SIDE BOMBAY CTO BUILDING GROUND FLOOR MUMBAI, , Mumbai-400032

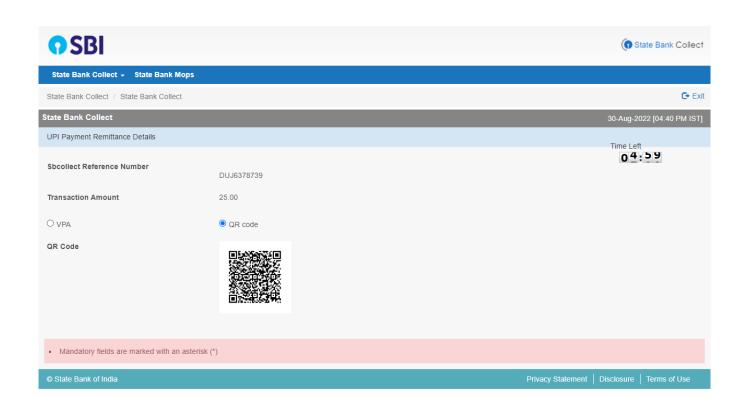
### Provide details of payment

Select Payment Category *	Associate <b>▼</b>	
First Name *	SANDIP	
Middle Name *	GEORGE	
Last Name *	GAIKWAD	
Address *	Parel Mumbai	
Pin Code *	400001	
Mobile Number *	1234567890	
E-mail ID *	abodefg@gmail.com	
Date of Birth *	15/8/1989	
Exam Fee *	25 Fixed:Rs.25	
Remarks	Registration Fee	
Please enter your Name, Date of Birth (For Personal Banking) / Incorporation (For Corporate Banking) & Mobile Number. This is required to reprint your e-receipt / remittance(PAP) form, if the need arises.		
,		
Name *	SANDIP GEORGE GAIKWAD	
Date Of Birth / Incorporation *	15/8/1989	
Mobile Number *	1234567890	
Email Id	abcdefg@gmail.com	
Enter the text as shown in the image *	Select one of the Captcha options *  © Image Captcha  Captcha  Captcha  Captcha	
Submit Reset Back		
<ul> <li>Mandatory fields are marked with an asterisk (*)</li> <li>The payment structure document if available will contain detailed instructions about the online payment process.</li> <li>Date specified(if any) should be in the format of 'ddmmyyyy'. Eg., 02082008</li> <li>For Amount fields, only numbers are allowed and for free text fields (mandatory), following special characters are allowed: . / @ &amp;.</li> </ul>		













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**C**→ Exit

Payment Details :

State Bank Collect

SBCollect Reference Number DUJ6378739
Category Associate
First Name A

Payment done successfully on 30-Aug-2022 04:40 PM IST

 Middle Name
 B

 Last Name
 C

 Address
 A

 Pin Code
 400001

 Mobile Number
 1234567890

 E-mail ID
 ABC@GMAIL.COM

 Date of Birth
 15/8/1987

 Exam Fee
 25

 Transaction Charge
 INR 0.00

 Total Amount
 INR 25.00

 Remarks
 Registration Fee

Click here to view/download the e-Receipt

Return to State Bank Collect Home Page

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16378739','1234567890','ba2e6a7a43919682c7ccebef9250bd77b3acb6ffa156bc1a605a00968c3ce76e')

